Adminis	station	IFOŖNIA		onal	·	и	•				Page o	of Pages				
		NSE CLAI	M													
STD 262 A (REV 9/2007) CLAIMANT'S NAME							SSAN OR EMPLOYEE NUMBER					DEPARTMENT				
Frank McCarton POSITION CB/ID NUMBER							DIVISION OF BUREAU					CAIEMA INDEX NUMBER				
POSITION CB/ID NUMBER Undersecretary E99							DIVISION OR BUREAU Executive Office					2000 Executive Office				
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS 3650 Schriever Avenue					TELEPHONE NUMBER (916) 845-8530				
CITY STATE ZIP CODE					CITY	CITY STATE					ZIP CODE					
(1) NORMAL WORK HOURS:							Mather CA 2) PRIVATE VEHICLE LICENSE No.:					95655 (3) MILAGE RATE CLAIMED:				
0800 - 17		No.				(2) PF	RIVATE VEHIC	LE LICEN	SE No.:		0.50	E IVALE OF	AINICD.			
4) / YEAR MONTH		(6)		(7)	(8)	MEALS	IEALS		(10) TRAN SPORTA		TION			11)	(12)	
3/2010		LOCATION		LODGING	BREAK-		O.T.,L/T. N/C. RELO.	INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE	CAR USE	BUSINESS	TOTAL	
(5) DATE	TIME	WHERE EXP WERE INC			FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	1	FOR DAY	
3/8	0530	San I	Mateo, Ca	157.90	6.00	10.00	18.00			sc	16.00				207.90	
3/9	2000		RT Home		6.00	10.00	18.00	6.00							40.00	
3/22	1000	San Luis O	bispo, Ca	94.97			18.00								112.97	
3/23				94.97	6.00	10.00	18.00	6.00					-		134.97	
3/24	2300		RT Home		6.00	10.00	18.00	6.00						> O	40.00	
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				40			31						29	K		
														D		
(13)	UARANTA MINISTRA	SUBTOTAL		347.84	24.00	40.00	90.00	18.00			16.00				535.84	
(14) PURPO		CLAIM TOT REMARKS AND	0.00000000	ATTACH REC	CEIPTS/VOU	CHERS WH	EN REQUIRE	D)							535.84	
		to TLO Training			king Group N	Aeetinn										
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No. 99650			PROJEC		OBJ A	AO AMOUN	NT OB.	AO A	MOUNT	OBJ AO	TNUOMA	OBJ AO	AMOUNT	TOTAL		
			99650			292	519.84	293	1	6.00					535.84	
			-			_	-						+		1	
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			-	-	-			-					+	+	+	
			-	-		_		_					-		-	
				TOTALS	3		519.84		1	6.00					535.84	
and if milage	rates exceed t	That the above he minimum rat pertaining to ve	e, I certify the	nat the cost of	operating the	se as incurre e vehicle wa	ed by me in ac s equal to or g	cordance varieties than	vith DBA-rd	es in the serv	ice of the State	of Californi ne requireme	a. If a privately ints as prescri	y owned vehic bed by SAM S	le was used, sections 0750,	
-VI		1	- 4, 1	In	ATE /	120	V .		۵.	pnr	1	"1ENT		DATE		
(17) SPEUI	AL EA: LINGE	5 SIGNATURE	AND TITLE	(See Itme 17	11.	-								DATE		
D	inverse of the B	Assas Viim	C2	10010010			L									